



Exploring young female attitudes and perceptions of anxiety; in consideration of current economic and socio-cultural issues

Lucy Finlayson

Supervised by: Dr Joanne Ashby

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ABSTRACT

The research aimed to explore young female attitudes and perceptions of anxiety, in consideration of current economic and socio-cultural issues. The research adopted three main objectives, to explore qualitatively; How young female perceptions, attitudes towards, and expectations of anxiety may be influenced by increased awareness; drawing upon Dean's (2009) notion of 'anxiety culture'. How current economic issues, including governmental spending cuts to mental health services within the NHS may have impacted on young female perceptions, attitudes towards, and expectations of anxiety. Finally, how current economic and socio-cultural issues raised could influence participant's possible help-seeking behaviour in the future. A qualitative approach was followed, using individual interviews of six young female adults, aged 18-25 years. A thematic analysis was conducted, and three main themes identified. These are 'Expectations of anxiety- becoming the 'norm', '#Anxiety 'trending'- the power of social media' and 'Patient-doctor relationships- leaving a lot to be desired'. The implications of the findings are discussed below, regarding the impact they may have on attitudes and perceptions of anxiety; and possible actions considered, in terms of improving peoples experience of recovery from anxiety, and other mental health disorders.

KEY WORDS:	YOUNG FEMALE	PERCEPTIONS OF ANXIETY	ECONOMIC AND SOCIO-CULTURAL ISSUES	QUALITATIVE	THEMATIC ANALYSIS
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Background to the project

Anxiety in the UK

Anxiety is a major concern in clinical psychology, with twelve different anxiety disorders identified in the DSM-V (2013), (cited by Anxiety and Depression Association of America, 2013). More than 1 in 10 people are likely to have a disabling anxiety disorder at some point in their life. While 4.7% of the UK population have anxiety (Mind, 2013), as many as 9.7% suffer mixed depression and anxiety; making it the most prevalent mental health problem in the UK (Mental Health Foundation, 2015). Approximately 1.9 per cent of British adults experience a phobia, with women being twice as likely to be effected (Office for National Statistics, 2000). Large scale studies, such as Robins et al. (1984), suggest that at some stage in their life, around 2.5% of the population are likely to experience obsessive-compulsive disorder.

The World Health Organisation (2002) reported that 40% of disability worldwide is due to depression and anxiety. Research carried out by the Mental Health Foundation, for a report by Halliwell (2009), suggests that we are becoming more fearful as a nation; with people perceiving our world as having become more frightening. Halliwell (2009:3) states, "The Government's Psychiatric Morbidity Surveys, published in February 2009, show significant increases in anxiety disorders between 1993 and 2007." The Mental Health Foundation believes the trend between fear of the world and anxiety are linked. Halliwell (2009:7) reports that "...only 25% of people with mental health problems are in treatment compared to 90% of people with physical health problems." Furthermore, only "...15% of those with mixed anxiety and depression...are currently receiving treatment." People with anxiety disorders are especially unlikely to seek help from their GP.

Government policies on mental health

The mental health service reform (Department of Health, 2013), states that poor mental health is a major cause of concern and is closely connected with problems in other areas such as relationships, work prospects and physical health. Poor mental health is also the largest cause of disability in the UK. The Department of Health (2013) acknowledge that they need to make improvements to mental health and wellbeing, in order to improve other aspects of people's lives. The Department of Health (2013) claimed they would take a number of actions, in order to improve mental health and wellbeing within the UK. The first of which, was to prioritise mental health; putting it on par with physical health. It was suggested that both effectiveness of, and access to health services would be improved. Another action was educating health professionals, mental health services, police and prisons on suicide prevention. It was also claimed that mental health services for both veterans and offenders would be improved, ensuring they have access to appropriate support and treatment.

However, despite government promises of improvements, research by both Community Care and BBC News reveals an 8% budget cut to mental health services within the NHS (Mind, 2015). Buchanan (2015) explains that by using extensive research, BBC News and Community Care compared the budgets of mental health trusts in England in 2010-11 with 2014-15. Analysis shows that mental health trusts in England have suffered a "...cut of 8.25%- the equivalent of stripping £598m from their budgets." McNicoll (2015) reports that whilst mental health services are facing cuts, referrals to community mental health teams have increased by nearly 20%. McNicoll (2015) explains how funding pressures have left some services "...handling caseloads double the recommended levels and several are falling short of Department of Health (DH) staffing guidelines."

Economic influences

Cuts within the NHS are not the only consequence of a poor economy. PwC (2015), states that UK house price growth is to average just over 5% per annum until 2020. This is somewhat higher than expected earnings growth of around 3-4%; resulting in worsening of affordability problems of getting onto the housing ladder. Furthermore, the impact of £12 billion of welfare cuts, as outlined by PwC (2015), could place further financial strain on lower earners in the UK.

For those in employment, the pressures of the job, along with demands for long working hours, may lead to an increase in work related stress, anxiety and depression. The Health and Safety Executive (2015) state the total number of cases of work related stress, depression or anxiety in 2014/2015 was 440,000 cases. This suggests a prevalence rate of 1380 per 100,000 workers.

Attitudes, perceptions and misconceptions

Before people are willing to tackle mental health problems in the UK, society as a whole must first change attitudes towards mental illness, and with that remove the associated stigma, fear and shame. Attitudes, defined by Hogg and Vaughan (2005:150) as 'a relatively enduring organization or beliefs, feelings and behavioural tendencies towards socially significant objects, groups, events or symbols,' can have a huge impact on behaviour and social structure as a whole. By looking at the structure of attitudes in application to mental illness, it becomes relatively clear how personal beliefs can impact on not only the individual's behaviour but perceptions and behaviour of others around them.

The ABC model, one of the most cited models of attitudes (for example, Eagly et al. 1998), composes of three elements. The first of which is the Effective component, referring to the person's feelings or emotions towards the attitude object (or in this case, social group). For example, 'I feel uneasy around people with mental illness.'

The Behavioural component refers to the way in which the attitude we hold influences how we behave- 'I will avoid people with mental health problems.'

The final element, the Cognitive component, involves a person's belief about the attitude object. For example, 'I believe individuals with mental illness are dangerous.' By considering attitude models, society can gain a better understanding of how personal beliefs and perceptions can influence social interactions, help-seeking behaviour and furthermore, lead to social issues such as discrimination and stigmatisation. Angermeyer and Dietrich (2006:163) reviewed public beliefs and attitudes towards people with mental illness and argued that:

"Attitude research in psychiatry made considerable progress over the past 15 years. However, there is still much to be done to provide an empirical basis for evidence-based interventions to reduce misconceptions about mental illness and improve attitudes towards persons with mental illness."

Despite a huge increase in mental health awareness in recent years, stigmatisation and misconceptions towards people with mental illness still remain rife in society today. Bolam (2014) studied attitudes towards mental illness, specifically gender differences in perceptions. Bolam (2014) found that males scored higher in terms of negative attitudes towards mental illness. Furthermore, females generally believed individuals with a mental illness to be dangerous and would consequently avoid them.

In a report by Soyuz et al. (2015), it was concluded that larger numbers of people with psychiatric problems do not attend any health services, partly due to fear of the stigma attached to treatment. Furthermore Soyuz et al. (2015:84) states that people with mental health problems experience discrimination as a result of stigmatising attitudes '...that are largely socio-culturally constructed and promoting bio-medical explanations for mental health disorders may exacerbate discriminatory attitudes.'

In addition to stigma and discrimination, patient satisfaction in treatment has become a recently researched area; in terms of doctors compassion when treating mental health patients. Halpern (2014) suggests how doctors are motivated by their concern for patients, yet must suppress personal emotions to maintain professionalism and avoid compassion fatigue. This in turn can have a negative impact on patient-doctor relationships, particularly those seeking treatment for mental health disorders. Derksen et al. (2013) found that empathy towards patients in general practice is of 'unquestionable importance', found to improve patient satisfaction, enablement and clinical outcomes; whilst lowering anxiety and distress.

A social-constructivist approach to anxiety

Smith et al. (2015) believed social psychology offers a unique perspective on human behaviour. This being as the social aspects of human behaviour, the ways that thoughts and actions can influence others can be both powerful and puzzling. A social psychologist would argue that the way in which we perceive mental illness, and therefore our attitudes towards anxiety, would be hugely influenced by our environment and those around us. In the same way,

situational factors can play a significant role in the inducement of anxiety and related disorders. For example, Blanco et al. (2014) found a number of social influences increased the risk of anxiety disorders. These included a number of experiences such as childhood sexual abuse; years of education, and disturbed family environment.

With mental health awareness on the increase, the media has widely reported that the nation is entering 'the age of anxiety'. Donnelly (2012) suggests that society has created a more anxious state, aggravated by economic pressures. A quote by Dr Moncrieff, reported by Donnelly (2012) states:

"We live in a culture that makes people anxious...It encourages the idea that everything can be achieved or bought, that 100 per cent is not enough, that you have to be the perfect wife and mother, and succeed in your career."

The idea of a self-created anxious state is supported by Dean's (2009) notion of an 'Anxiety Culture.' In an anxiety-rich and work-obsessed culture, Dean suggests there is an omnipresent modern condition of anxiety, which manifests itself in all aspects of everyday life.

Gender, age and cultural influences on mental health

Anxiety levels reported by Mental Health Foundation (2014) are significantly higher in women than men in the UK. They also have higher recorded rates of a number of common anxiety disorders, such as Post-Traumatic Stress Disorder, and Obsessive Compulsive Disorder. Cultural differences in attitudes towards mental health have also been recorded; for example, Chamberlain et al. (2000). Baxter et al. (2012) studied prevalence rates of anxiety disorders and found Euro/Anglo cultures to be almost double to that of African cultures. In addition, previous research has found gender differences in attitudes towards and experience of mental health, such as Kawachi and Beckman (2001). Chandra and Minkovitz (2006) found gender differences with regards to help-seeking behaviour present even in early adolescence.

Furthermore, Mackenzie et al. (2006) found that both age and gender influenced intentions to seek professional help. This research focuses on young adults as they may be experiencing, or about to experience both significant and stressful life events. For example, trying to fulfil expectations from society, by forming a successful career, becoming financially stable, and maintaining strong romantic and peer relationships. As La Greca and Harrison (2005) found such pressure can induce anxiety, the topic may be one already considered and of interest to participants. Perrin (2015) reported that young adults, aged 18- 29 are most likely to use social media, and therefore may be more aware of some of the issues raised and discussed during the interview, thus having stronger attitudes and perceptions. In addition, the use of social media was found to have a number of harmful effects on young people, such as increased exposure to harm, social isolation, depression and cyber-bullying (Best et al. 2014), which may be reflected in the participants responses; in

terms of social media's contribution to the development of anxiety and public perceptions of anxiety disorders.

Research aims and objectives

Therefore the proposed research aims to explore young female attitudes and perceptions of anxiety; in consideration of current economic and socio-cultural issues. Taking into account age, gender and cultural differences found in previous work, the proposed research will be conducted using young, British, female adults.

The research adopts three main objectives, to explore qualitatively:

1. How young female perceptions, attitudes towards, and expectations of anxiety may be influenced by increased awareness; drawing upon Dean's (2009) notion of 'anxiety culture'.
2. How current economic issues, including governmental spending cuts to mental health services within the NHS may have impacted on young female perceptions, attitudes towards, and expectations of anxiety.
3. How current economic and socio-cultural issues raised could influence participant's possible help-seeking behaviour in the future.

Proposed methodology

Philosophical underpinnings

The research adopts a social-constructivist approach, assuming that experiences are key to development of mental wellbeing. Individuals construct beliefs about a person/s or objects based on the information they're provided. In this case, focusing on beliefs based on those experiencing anxiety. There is presently a mound of sometimes inaccurate information readily available on mental illness, from reports in the media, misconceptions and stigmatisation, and individual perceptions and attitudes.

The research follows a critical realist ontological approach. Critical realism has been defined by the work of Collier (1994); Archer et al. (1998) and Bhaskar (1997). Baert (1996) argued that critical realism is one of the most favourable manifestations of the realist approach for practitioners of social sciences. A distinctive feature of all forms of realism is that they deny the existence of any certain knowledge of the world, and accept the possibility of alternative reasoning of any phenomenon. Therefore theories about the world simply arise from a particular perspective or worldview; meaning all knowledge is partial, incomplete, and fallible (Maxwell, 2012). The critical realist approach retains ontological realism. Thus, there is a real world that exists beyond our perceptions and constructions of phenomena. Our understanding of the world is merely founded upon our own perspectives and experiences.

Taking the qualitative approach

The research adopts a qualitative approach. Willig (2001) argued that qualitative research is usually concerned with meaning, and how people make sense of their world and experience events from their own perspective. A qualitative approach allows for a detailed insight into participants own perceptions of, and attitudes towards anxiety. McLeod (2008) argued that although the descriptive nature of the data makes it laborious to analyse, qualitative research is useful at the individual level; and to find out in depth, the ways in which people behave, think or feel.

Participant responses were obtained using individual qualitative interviews. Rubin and Rubin (2011:17) argued that, "Qualitative interviewing is more than about collecting data; it is a way of seeing the world and learning from it." The qualitative interview involves asking open questions and allowing the participant to respond. Interview cues were used to develop participant responses. An advantage outlined by the UK Data Service (2015) is that interviewees are given space to expand answers, accounts of experiences and feelings.

Recruiting the women

Participants were identified via the researchers Facebook account, as social media acts as a good platform of communication towards young adults. The participant invitation letter (Appendix 2) was posted online. In order to introduce the aims of the research, and invite any interested parties to contact the researcher for further information. Six participants were recruited. This is a sufficient amount to allow for an in-depth insight into the research topic. A smaller sample is appropriate for the qualitative approach, as this will allow participants to be interviewed at length and responses to be analysed in detail.

The interview process

After expressing interest to take part in the research, the participant information sheet (Appendix 3), was provided online for the participant to read in their own time, before each interview was arranged. A time, date and location for the interview were agreed upon with the willing participants; at the comfort and convenience to both the participant and the researcher. The researcher conducted interviews alone, however as recruitment was completed via a social media profile, participants were of some level of familiarity to the researcher.

Upon arrival for the interview, the participants were provided with a second copy of the information sheet, which was read to them by the researcher, to ensure understanding. Participants then had the opportunity to ask questions about the research process. A participant consent form (Appendix 4) was provided. By this point, the participants were fully aware of the aims of the research; ensuring only informed consent was obtained. Participants were also informed of their right to withdraw from the study, up until the date provided; after which analysis was conducted for the purpose of the report.

The interview followed a semi-structured format, using a pre-prepared interview schedule (Appendix 5). An advantage of this, supported by Opdenakker (2006), is that this would allow for the researcher to formulate further questioning and a better understanding based on the participant's responses. The interview schedule consisted of a number of open ended questions and cues, which formed the foundations for data collection. For example, 'How aware do you feel you are of mental illness, in particular anxiety disorders?' Followed by, 'Do you think your own awareness has changed over time at all?' In order to ensure understanding, participants were provided with some information at a number of points throughout the interview, which aimed to introduce the topic of the following questions.

Responses were recorded using a dictation device, which allowed interviews to be played back at a later stage for transcription. There were no time restraints on participant interviews, but they were expected to last approximately half an hour. This ensured that there is a sufficient body of responses for analysis. Following completion of each interview, the participant was informally debriefed using some 'closing words' (Appendix 6). The researcher read out the closing words to the participants, to ensure understanding. Participants were thanked for their involvement, and provided with relevant information regarding aims of the research, withdrawal from the study, and obtaining a summary of the findings. Contact details for counselling services were also provided, should participants have felt they needed any support upon completion of the interviews.

Approach to analysis

Following data collection, interview responses were transcribed and thematically analysed for commonly recurring themes (Appendix 7). Vaismoradi et al. (2013) argued that thematic analysis is an independent, reliable approach to qualitative analysis. Described by Braun and Clarke (2006:79) thematic analysis is "...a method for identifying, analysing, and reporting patterns (themes) within data"; organising and describing a data set in rich detail. Boyatzis (1998) suggested the analysis method allows for interpretation of various aspects of the research topic. Thematic analysis is used to make sense of seemingly unrelated material (Komori, no date). As the research aims to explore a broad topic, thematic analysis allows the researcher to gain a systematic understanding about participant perceptions of, and attitudes towards anxiety.

For this research, data was analysed in an inductive way, for example Frith and Gleeson (2004). This means that identified themes are strongly linked to the data collected. Braun and Clarke (2006:83) suggest inductive analysis is "...a process of coding data without trying to fit it into a pre-existing coding frame, or the researcher's analytic preconceptions." Thus, this form of thematic analysis is data-driven.

Thematic analysis follows a number of stages. Braun and Clarke (2006) identified six phases to the qualitative analysis approach. First the researcher

must familiarise themselves with the data- in this case, by repeated reading of interview transcripts. The second phase is generating initial codes. The process of organising data into meaningful groups (Tuckett, 2005), is a key part of analysis (Miles and Huberman, 1994). Phase three is searching for themes, which requires the researcher to sort different codes into potential themes, by considering "...how different codes may combine to form an overarching theme" (Braun and Clarke, 2006:89). Once potential themes are gathered, they must then be reviewed. During phase four, the researcher may decide there is not enough evidence to support some themes. A collection of themes may merge into one, whilst others need to be broken down. Phase five is the defining and naming themes. Braun and Clarke (2006:92) explained this phase as, "...identifying the 'essence' of what each theme is about...and determining what aspect of the data each theme captures." For each individual theme, a detailed analysis will be conducted. This allows for transition into the final phase, producing the report.

Ethical considerations and risk assessment

The research followed the ethical code of conduct outlined by the British Psychological Society (2009). An application for ethics approval form (Refer to Appendix 1) was completed and approved prior to any research being conducted. A pilot study ensured understanding and effectiveness of questions. This also allowed the pilot participants to give feedback on sensitivity of questions, before final interviews were conducted for the purpose of data collection.

However, Haverkamp (2005) states that psychology's social role carries ethical obligations that differ from those of other social science disciplines that conduct qualitative research. Willig (2013) suggests that many qualitative researchers go beyond the basic ethical guidelines. Ethical issues arise from the very beginning of the research, and remain relevant throughout the process, from interactions with participants to analysis of findings. Brinkmann and Kvale (2008:263) argue that:

"The human interaction in qualitative inquiries affects the researchers and participants, and the knowledge produced through qualitative research affects our understanding of the human condition. Consequently, qualitative research in psychology is saturated with ethical issues."

Therefore, the research did not only protect participants from harm, and maintain psychological wellbeing, but aimed to be a positive experience for those involved by encouraging participants to consider a very relevant issue, and contribute towards creating a safer and more accepting society towards mental illness.

Analysis and discussion

Expectations of anxiety- becoming the 'norm'

The first of three themes identified is 'Expectations of anxiety- becoming the 'norm'. It became apparent that the majority of the women perceived anxiety as a common disorder. For example, when asked how common she perceives anxiety disorders to be, Molly said;

'Incredibly common...They may just be different for different individuals but I would say everyone in their life would experience anxiety whether they realise it's that or not.'

Molly acknowledges that there are many different forms of anxiety disorders, which are experienced on different levels within each individual; suggesting that no matter how severe, everyone will experience anxiety at some point throughout their life. Molly's attitude is something that was mirrored when participants were asked if anxiety was something which they expect to experience, on a clinical level at some point in their life. All of the women used the phrase 'why not me' or one similar in answering this question, as seen by Michelle who stated;

'...I'd say it's a possibility. If you asked me that five years ago I wouldn't have thought so. But now like, so many people suffer from it, or even people I know say that they have anxiety. I'd say it's a very real possibility, like why not me?'

Knowing family or friends who have or have had anxiety appears to influence the women's expectations of anxiety, in terms of how common it is and the possibility of experiencing it. All the participants talked about knowing someone who has experienced anxiety, and suggested this was where some of their expectations and perceptions of anxiety disorders have arisen. In addition to friends or family members, the women acknowledged that 'everyone's talking about it' and that social media plays a huge part in their perception of how common anxiety really is.

Another factor which appears to influence expectations of experiencing anxiety was the pressures of everyday life, something which was reported by The Health and Safety Executive (2015), who presented concerning prevalence rates for work-related stress, depression and anxiety. This was also a concern for the participants, for example Claire said;

'...You've got to go to work, and go to the gym, and spend time with your family. You've got to look nice, and say the right thing...there's so much pressure. I'd say society is a big contributor to mental health issues...I'm sure I read about a country where basically no one suffers from anxiety or depression, due to the culture they live in.'

This was an opinion expressed by all the participants and could suggest that anxiety in a sense, is the product of societal pressure on woman. The idea that anxiety is a product of society is one that shadows Donnelly's (2012) statement suggesting 'We live in a culture that makes people anxious...' Furthermore participants supported Dean's (2009) notion of an 'Anxiety

culture', the idea of a self-created anxious state. Research such as Baxter et al. (2012) who found significant cultural differences in anxiety prevalence would support the view that societal pressures have a huge influence on perceptions and development of anxiety disorders within society.

Participants suggested that as anxiety is heavily discussed on social media, it is almost becoming the '*norm*', and we as a society are becoming desensitised to anxiety and other mental health disorders. As social media has such an influential role of the formation of anxiety expectations and perceptions, the women suggested that they would like to see more official documents being publicised on social media. This would make people more aware of current statistics and the seriousness of clinical anxiety disorders; making the public acknowledge that anxiety disorders are indeed a mental illness and not something which should just be accepted and endured as a part of life. Some of the women felt that anxiety had become a 'trend' for many young people, which has been escalated through social media. The publicising of official documents as opposed to personal blogs would reduce the '*trend*' of mental illness and could minimise the effects of Deans (2009) notion of 'anxiety culture'.

#Anxiety 'trending' - the power of social media

Another main theme identified from the data was '#Anxiety trending' – the power of social media'. Perrin (2015) reported that young adults, aged 18- 29 are most likely to use social media. All of women in this research were users of social media and determined it to play a huge role on the formation of attitudes and perceptions of anxiety disorders. In addition, participants generally felt that the pressures of social media play a part in the formation of anxiety in everyday life. This notion is reflected in this statement by Zara;

'...Like social media you think 'what if I put this picture up and no ones going to like it?' Or 'that tweet was definitely aimed at me.' There's just a lot more knowing what's going on in other people's lives, you can compare yourself to a lot more people. It can be really tough.'

Zara acknowledges that the pressures of acceptance and appearance are heightened by social media; which acts a platform for comparison to other users. These findings raise the question as to whether there exist differences in gender regarding perceptions towards the role of social media. In particular, are pressures of social media more apparent for women in modern day society? Best et al. (2014) argued that although social media was found to have positive influences on young people, a number of harmful effects were reported such as increased exposure to harm, social isolation, depression and cyber-bullying.

Although the majority of women acknowledged the power of social media in creating awareness for mental health disorders, some felt that social media provides a platform for inaccurate information to be circulated, resulting in misconceptions and misunderstanding towards anxiety disorders. Research such as Bolam (2014) and Soyuz et al. (2015) show how misconceptions and

stigmatising attitudes can cause discrimination and negatively impact on sufferers of mental health disorders, so it is vital in this current age of social media, that it is used appropriately in creating positive awareness and reducing these discriminatory attitudes.

A number of participants felt that social media has enabled mental illness to become 'trendy' or 'glamorised'. This is displayed in a statement by Louisa;

'...I think it's misleading because it's in the media they only latch onto the attractive traits from it, like you know you're nervous, you're really modest. When actually it's worse than that....the reality of it isn't shown I guess...the face of anxiety does seem to be at times just a bunch of teenage girls like desperately trying to lose weight on Instagram. There's that stereotype of it.'

The women showed concerns about inaccurate information being portrayed on social media, which make anxiety disorders to appear less serious than they really are. The view was expressed that anxiety as seen through social media, appears to mainly affect young girls, which is not the case, and is a term that is thrown around carelessly, causing us as a society to become desensitised towards it.

Mackenzie et al. (2006) found that both age and gender influenced intentions to seek professional help for mental illness. The data from this research suggests that awareness of mental illness also plays a crucial role in help-seeking behaviour. Participants acknowledged that creating awareness can reduce stigma and shame and therefore make it easier for people to seek help. However, they also stated that increased awareness would also make them question whether they ought to get help, should they need it in the future. Lisa said;

'...a lot of my friends have been there and suffered from it, I feel like I wouldn't want to be jumping on the band wagon, and trying to you know, relate to them...because everyone's sort of talking about it you think...do I really have it? Or is it just because everyone's talking about it and it's out there for people to claim they have...'

Many of the women had a similar view, and expressed concerns that they would appear to be 'attention seeking' by asking for help with their anxiety. Louisa said;

'...I wouldn't want to follow the crowd. Don't want to be one of those girls that think it's trendy to have mental illness.'

The idea that people would feel unable to seek help for their anxiety, due to fear of 'following a crowd' as such, is deeply concerning and something which must be tackled; alongside other stigmatising attitudes and misconceptions. One participant, Molly, said she would feel more inclined to seek help over the internet, referring to blogs and communities, as opposed to professional help. She believed this is because 'everyone's talking about it, posting about it,

trending about it,’ which makes information really accessible, albeit inaccurate and of out of context. The women suggested that one way to overcome the negative aspects of awareness through social media is to publicise more professional documents, statistics, and videos created by doctors and psychologists specialising in the field; as opposed to *‘blogs by teenage girls’*. This would enable people to have an accurate understanding of anxiety disorders, and emphasise the importance of seeking help. Another suggestion would be to use government funding towards further research and social media campaigns to make people more aware, and reduce the increased *‘trend’* in anxiety culture.

Patient-doctor relationships- leaving a lot to be desired

The final theme identified is ‘Patient-doctor relationships- leaving a lot to be desired’. It was apparent with all participants that their attitudes towards GP’s would strongly influence their help-seeking behaviour in the future. The majority of the women expressed negative attitudes towards doctors in terms of their lack of compassion in treating patients with mental illness or the perception that they do not take mental health as seriously as they should. When discussing her own help-seeking behaviour for anxiety and any factors that may influence this Lisa responded *‘...I don’t know whether they (doctors) really take it as seriously, because it’s not a physical thing...’* She continued to say;

‘...the attitude of the doctor is something that would influence me...Personally, I don’t know whether this is true, but I feel like doctors...they think scientifically, physically what’s going on. And you can’t see what’s not there. So I feel like they would not have a true understanding or compassion towards me...’

The idea that doctors are not compassionate enough towards patients with mental illness appears to be a popular one, albeit misconceived. Even Claire, the one participant who said she would prefer to go to her GP before telling friends and family, said she would seek a confirmed diagnosis by a doctor *‘...who supposedly knows what he’s talking about.’* The notion that doctors lack an understanding and compassion towards mental health is hugely concerning for both those suffering and those within the medical field. Research such as Halpern (2014) and Derksen et al. (2013) highlight the issue, and emphasise the importance for doctor empathy towards patients in general practice, in terms of improving patient satisfaction, enablement and clinical outcomes, whilst lowering anxiety and distress. The idea that doctors lack empathy and compassion when dealing with patients with mental health problems is a barrier that must be broken down to ensure individuals experiencing anxiety and other mental health disorders feel able and comfortable when seeking the help that they need.

Another factor that would apparently influence the women’s’ help-seeking behaviour was misconceptions regarding treatment of anxiety and other mental disorders. When discussing whether she would feel comfortable to go

to her GP for help with anxiety Louisa said, '*...the first reaction would probably be to give me a pill...*' She continues to say;

'... it doesn't really do much going to the doctors, you'd have to be really, really bad and even then I don't think you should be prescribed stuff. I think you should be so bad that you have to have like therapy or CBT... There's also that thing where people are a bit dead to it. Unless you're like 'I'm literally going to walk out of here and jump off a bridge.' Otherwise you're going to get put to one side on a waiting list and that's months of more suffering for you...'

The use of medication to treat mental illness is a widely debated subject and one that has been extensively researched; for example Kennedy et al. (2001) and Bandelow et al. (2012) who found evidence to suggest a combination of treatments such as medication and CBT is most effective in treating a range of mental health disorders. However it is clear that misconceptions about treatment of mental illness and the use of medication are indeed present within society and something that concerns people when considering seeking help for mental illness. Another concern discussed in the research was government spending cuts to mental health services within the NHS, and how this would ultimately influence help-seeking behaviour. All the participants raised concerns about '*waiting lists for counselling*', and whether '*someone else needed it more*', which would ultimately make some participants, question whether they were really ill. For example when asked if the spending cuts were something she would consider when seeking help in the future, Lisa responded;

'...I would think about it, because I already am doubtful about how the doctors respond to mental illness. So to know they are under so much pressure, they have to get through so many patients a day, the fact there's waiting lists for treatment or the fact that there could be someone...who's terminally ill with cancer, things that might be, to me more serious than what I'm feeling...that might make me think well do I really need to go? Can I get over it on my own?'

Molly along with the other women also shadowed this view, stating that;

'I think the waiting list is definitely a problem...you might be incredibly low, and then to get told there's a two to three year waiting list just to talk to someone. That's going to be very disheartening and leaving you feeling incredibly isolated, and make you less inclined to seek help...'

Many of the participants expressed solutions to overcome poor accessibility to mental health services. One of which was to provide alternative routes for help with anxiety and other mental health issues. It was suggested that counsellors should be available in places of work, universities and schools, in order to accommodate our busy lifestyles. This would also free up GPs' time, allowing for all patients to access help more readily. In addition to this, the government need to work on achieving their policies regarding mental health services, as stated in The Department of Health (2013), provide more funding for mental health services and campaigns designed to improve patient-doctor

relationships; breaking down barriers and reducing misconceptions surrounding professional help for mental disorders

Summary

Drawing upon the research objectives, the findings suggest that the women's attitudes and expectations of anxiety have been influenced in recent years due to the increase in awareness, and the manner in which such awareness has come about. The research findings lay sufficient groundwork for the argument that anxiety disorders are becoming readily accepted as a social norm, whilst showing support for Donnelly's (2012) theory of a 'self-created anxious state', and Dean's (2009) notion of 'anxiety culture'. Furthermore, findings raise the question as to whether anxiety is a natural response to societal pressures, in particular expectations for young women in a modern-day world? If there is any accuracy in the notion that anxiety is becoming a social norm, the implications of such would hugely impact upon attitudes towards anxiety, future help-seeking behaviour; and the assessment and treatment of anxiety disorders.

In addition, the research highlights a number of concerns surrounding the use of social media to raise awareness for mental health disorders, misconceptions towards treatment, and doctor empathy towards patients with mental health issues. The research emphasises the need to change the way people use social media, in terms of creating the 'right kind' of awareness. Furthermore, help-seeking behaviour could be encouraged by improving patient-doctor relationships, by reducing misconceptions and improving attitudes towards GP's. In addition, the research suggests that governmental support in the way of creating awareness, and financial support for mental health services would positively impact upon young women's' perceptions and attitudes towards anxiety disorders, and ultimately improve any experience and recovery of anxiety disorders in the future.

Reflexive analysis

Reinharz (1983) held the view that feminist researchers' ideas should be discussed and values acknowledged, in the form of a reflexive journal, as advised by Lincoln and Guba (1985). As I am a young woman, who has had some experience and prior knowledge of the research topic; I have approached the research with my own set of ideals around the subject area which may have impacted upon the data. However when conducting the interviews, although I developed rapport with the women, I made every effort to remain neutral as to not influence the participants with my own attitudes and opinions. The data was analysed inductively- a data-driven method, ensuring the themes derived were strongly linked to the data, and not my own preconceptions. Although a sensitive topic was discussed, the research appeared to have an overall positive impact upon the women. They expressed their gratitude at being given the opportunity to share their opinions and suggestions of improvement, surrounding a subject area which is highly relevant today, and one that appeared to have some level of significance to all involved- a real success of the research.

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